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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/374,915 02/24/2003 PAT 7,189,206

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 12/10/2003**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 70	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

96000

**TITLE**

BIOPSY DEVICE WITH INNER CUTTING MEMBER

FILING FEE RECEIVED 2093	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All Fees</li> <li><input type="checkbox"/> 1.16 Fees ( Filing )</li> <li><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</li> <li><input type="checkbox"/> 1.18 Fees ( Issue )</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Credit</li> </ul>
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